

Thomas O. Forslund, Director

Governor Matthew H. Mead

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Dear Participants and Guardians:

The Wyoming Department of Health, Behavioral Health Division wants to thank everyone who submitted input on recent processes in the Waiver Redesign project. The Division is revising the individual budget amount (IBA) methodology and the proposed timeline for transitioning to the new Comprehensive Waiver and Supports Waiver based on the public input we received on the supplemental assessment.

Revised Budget Methodology

IBAs for the Comprehensive Waiver will be based on information from the Inventory for Client and Agency Planning (ICAP) assessment, including specific information on behaviors and medical needs included in the ICAP. This approach eliminates the need to complete the supplemental assessments on behavioral and medical needs. Due to this change, the Wyoming Institute for Disabilities (WIND) will not be completing the telephone assessments as previously planned.

The Division will be finalizing the budget methodology by January 4, 2014, and we will begin to notify participants, guardians and case managers of IBAs by January 31, 2014. The participant can choose to transition to the Comprehensive Waiver or choose to transition to the Supports Waiver at that time. If a participant's plan of care team believes a participant's budget for the Comprehensive Waiver does not reflect his or her assessed needs, they may request a review by the Division's Clinical Review Team. The request must accompany additional information on other assessed needs the team does not think are accurately captured in the ICAP. The Clinical Review Team will include, as appropriate, the Division's Clinical Psychologist, the Medicaid Medical Director, the Division's Psychiatrist, and other specialists as needed.

The Clinical Review Team has the authority to request additional assessments, including a new ICAP, a Supports Intensity Scale (SIS), or another appropriate, standardized assessment targeted for a specific diagnosis or condition. The additional assessment in these cases may provide more detailed information on the person's support needs and assist the Clinical Review Team in evaluating the need for a different budgeted amount. Information from the ICAP or SIS, along with information from other assessments, and information submitted by the participant's team, will be used to make the final decision on the request for a budget change. Please note that, given the change in the budget methodology, the additional assessments and information reviewed by the Clinical Review Team may result in a reduction in budget, not an increase.

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The Division will be developing a pilot for using the full SIS assessment, which was recommended by the Waiver Redesign Citizen Stakeholder Committee, over the next year. More information on this pilot will be distributed in the upcoming months.

Revised start date for the Supports Waiver and Comprehensive Waiver

The effective date for the waivers has moved to April 1, 2014. The Adult Developmental Disabilities (DD) Waiver will still end on June 30, 2014. Your case manager will assist you in this transition.

Transitioning to new waivers

Since IBAs will be issued in the latter part of January, teams will have to meet in February, March and April to develop a plan of care for the new waiver. The teams can decide when to submit the plan to the Division, as long as it is submitted by June 1, 2014. We encourage participants to stay on the same annual plan cycle as they are on currently. For a shorter plan year, the IBA will be prorated for the number of months the team wants the new plan to last, which means dividing the IBA by 12 and multiplying the number of months the plan will last. *For example, if the participant wants to have a Comprehensive plan of care start on June 1, 2014 and end November 30, 2014 so he/she can keep a December start date, the case manager will note the length of the plan when it is submitted to the Division. In this example, an annual IBA of \$60,000 would be prorated at \$30,000 ($\$60,000 / 12 * 6 = \$30,000$).*

In order to not have a gap in services when the Adult DD waiver ends, all Adult DD waiver plans of care must be submitted by June 1, 2014. The Division has thirty (30) days to review and approve all plans of care. Due to the number of plans being submitted in a short timeframe, additional Division staff will be assigned to approve plans of care in June. Child DD waiver participants do not start transitioning to the new waivers until after July 1, 2014.

Questions

This bulletin is available on the Division's website: <http://health.wyo.gov/ddd/memos.html>. For questions or assistance on these changes, contact your [Participant Support Specialist](#).

Sincerely,



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